

Review Requirements Checklist
GROUP MEDICARE SUPPLEMENT APPLICATIONS

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Contents of Policy	§ 38.2-305	Policy must name the parties to the contract.
Insurance Fraud	§ 38.2-316 D 1	Application must comply with the laws of the Commonwealth.
Misrepresentation	§ 38.2-316 D 3	Application may not contain provisions that are misleading, deceptive or contrary to public policy.
Medicaid Eligibility	§ 38.2-508.3	Eligibility for Medicaid may not be used in determining eligibility for coverage or for determining benefits payable.
Certification by Applicant and Agent	§ 38.2-3402	Application must contain certification by applicant and agent. See subsection A of this section for required wording.
Eligible Individual Defined	§ 38.2-3430.2 B	Application must include definition of eligible individual.
Creditable Coverage	§ 38.2-3430.2 B 6	Aggregate period of creditable coverage required is reduced to twelve months when coverage nonrenewed as described in subdivision C 2 of § 38.2-3430.7.
Eligibility Questions	§ 38.2-3430.3 C	Application must include questions that enable health insurance issuer to determine if applicant is applying for coverage as eligible individual under § 38.2-3430.2.
Receipt of Buyer's Guide	14 VAC 5-170-150 A 6	Delivery of buyer's guide must be made to applicant at time of application and issuer must obtain acknowledgement of receipt of guide.
Required Statements	14 VAC 5-170-160 A	See 14 VAC 5-170-160 A 1, 2, 3, 4 & 5.
Legibility	14 VAC 5-110-50 C 1	Text of policy must be in no less than 10-point type.
Form Number	14 VAC 5-100-50 1	Form number must appear in the lower left-hand corner of the first page.
Full and Proper Name	14 VAC 5-100-50 2	Full and proper corporate name must prominently appear on the cover sheet.
Final Form	14 VAC 5-100-50 3	Form must be in final print form.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at
<http://www.state.va.us/scc/division/boi/webpages/administrativeltrs.htm>

The Life and Health Division, Forms and Rates Section handles group medicare supplement applications. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

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GROUP MEDICARE SUPPLEMENT APPLICATIONS

I hereby certify that I have reviewed the attached group medicare supplement application filing and determined that it is in compliance with the group medicare supplement checklist.

Signed: _____

Name (please print): _____

Company Name: _____

Date: _____ Phone No: () _____ FAX No: () _____

E-Mail Address: _____